

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* <i>Ind/C</i>		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						1			
2						1			
3						1			
4							4		
5							4		
6							4		
7							4		
8							4		
9							4		
10							4		
11							4		
12							4		
13							4		
14							4		
15							4		
16							4		
17							4		
18							4		
19							4		
20							4		
21							4		
22							4		
23							4		
24							4		
25							4		
26							4		
27							4		
28							4		
29							4		
30							4		
31							4		
32							4		
33							4		
34							4		
35							4		
36							4		
37							4		
38							4		
39									
40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
51									
52									
53									
54									
55									
56									
57									
58									
59									
60									
61									
62									
63									
64									
65									
66									
67									
68									
69									
70									
71									
72									
73									
74									
75									
76									
77									
78									
79									
80									
81									
82									
83									
84									
85									
86									
87									
88									
89									
90									
91									
92									
93									
94									
95									
96									
97									
98									
99									
100									
TOTAL IND.	15		12			TOTAL IND.	3		
TOTAL DEP.	29		-			TOTAL DEP.	36		
TOTAL CLAIMS	44		12			TOTAL CLAIMS	39		

BEST AVAILABLE COPY